



For Office Use Only	
Date Received	_____
Application/Permit No.	_____
Waterbody No.	_____
Facility Category	<input type="checkbox"/> Group 1 <input type="checkbox"/> Existing
	<input type="checkbox"/> Group 2 <input type="checkbox"/> New

REQUEST FOR COVERAGE UNDER NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM WATER TREATMENT PLANT GENERAL PERMIT

This information is for a waste discharge permit as required in accordance with the provisions of Chapter 90.48 RCW and Chapter 173-226 WAC, and will be used to determine if coverage by general permit is appropriate. All questions must be answered completely and accurately to be considered for coverage. If a question does not apply, answer with NA.

SECTION A. GENERAL INFORMATION

1. Name: (company/municipality) _____
(facility name) _____

2. Mailing Address: _____
(general correspondence) _____
Street _____
City _____ State _____ Zip _____

3. Billing Address: _____
(if different from above) _____
Street _____
City _____ State _____ Zip _____

4. Facility Address: _____
(actual site location) _____
Street _____
City _____ State _____ Zip _____

5. Does company/municipality own property on which facility is located? ☐ Yes ☐ No

If no, what is the name and address of property owner? _____

If no, attach certified copy of legal contract with the property owner.

**SECTION A. GENERAL INFORMATION
(CONTINUED)**

6. Is the facility leased to, or from, another entity? ☐ Yes ☐ No

If yes, what is the name and address of the other entity?

If yes, which party will be responsible for complying with waste discharge regulations and fee payments? _____

7. Primary Contact Person:

Name	Title	Phone Number
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8. Alternate Contact Person:

Name	Title	Phone Number
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I certify under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Printed Name of Person Signing Below

Title

Signature of Applicant

Date Applicant Signed

NOTE: Federal regulations require this application to be signed as follows: A.) For corporation, by a principal executive officer of at least the level of vice president; B.) For a partnership or sole proprietorship, by a general partner or the proprietor, respectively; or C.) For a municipality, State, Federal, or other public facility, by either a principal executive officer or ranking elected official.

Facility: _____

SECTION B. FACILITY OPERATION AND LOCATION INFORMATION

1. Facility Latitude/Longitude location (if not known, provide Township/Range/Section):

Latitude: _____

Township: _____

OR Range: _____

Longitude: _____

Section: _____ Qtr/Qtr _____

2. Does this facility presently have a wastewater discharge permit: ☐ Yes ☐ No

If yes, what is the date of issuance: _____

date of expiration: _____

permit number: _____

3. Source of Raw Water is: ☐ Surface Water ☐ Ground Water ☐ Both

4. Facility Finish (Potable) Water Production:

Maximum Production Capacity:¹ _____ (gallons per day)

Average Production: _____ (gallons per day)

Peak Production: _____ (gallons per day)

5. Facility Processes that Contribute to Wastewater Discharge (check all that apply):

☐ Presedimentation Wash Down

☐ Filter Backwash

☐ Other (list)

☐ Sedimentation Wash Down

☐ Filter-to-Waste

6. Wastewater Discharge Quantity:

Average Discharge: _____ (gallons per day)

Maximum Discharge: _____ (gallons per day)

Highest Volume Month: _____ (month)

Lowest Volume Month: _____ (month)

7. Facility Discharges Wastewater To: _____

Receiving Water Name(s)

8. Location of Outfall (point of wastewater discharge):

Latitude: _____

Longitude: _____

¹ "Maximum production capacity" refers to the amount of potable water that a treatment facility is designed to produce at peak output and 24-hour production.

**SECTION B. FACILITY OPERATION AND LOCATION INFORMATION
(CONTINUED)**

9. Facility Is: ☐ Public Or ☐ Private

10. Facility Is: ☐ Existing _____ Or ☐ New¹ _____
Date Constructed Date to be Constructed

11. Directions to the facility from the nearest town or city:

12. Provide a complete description of (attach additional sheets as necessary):

- a) The raw water treatment requirements (e.g. iron/manganese removal, pathogen removal);
- b) Treatment processes employed by the facility (e.g. coagulation, oxidation, pH adjustment);
- c) All known substances (e.g. removed substances, chemical additives, chemical reaction products) that may potentially be found in wastewater discharge (e.g. silt, chlorine, chloroform);
- d) All chemical additives associated with the treatment processes (e.g. alum for coagulation, chlorine for oxidation); and
- e) Attach a sketch, aerial photograph, or map, including scale, of the facility, with the following marked:
 - 1. Approximate overall dimensions of the facility
 - 2. A properly-labeled line drawing of water and wastewater flows throughout the facility's processes
 - 3. All chemical storage areas
 - 4. All settling ponds, including dimensions and volume
 - 5. All discharge point(s) and receiving water(s)
 - 6. All sludge disposal areas

¹ A new facility is one that begins activities that result in a discharge, or a potential discharge to waters of the state on or after the effective date of the general permit. New facilities must submit with the application for coverage:

- a) proof of public notice (WAC 173-226-130(5))
- b) proof of compliance with SEPA